

Vermont Department of Health  
Application for Approval to Perform  
Workplace Urine Drug Testing

Name of Laboratory \_\_\_\_\_

Address of Laboratory \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Director \_\_\_\_\_

Name of Contact Person \_\_\_\_\_  
(if different from Director)

E-mail Address of Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Please enclose:

- Completed and signed checklist
- Credentials of Scientific Director, Certifying Officer, and Toxicology Supervisor (only if a change has occurred in the last 12 months)
- Results from the last two C.A.P (or equivalent) drug proficiencies
- Documentation of accreditation from Health and Human Services, the College of American Pathologists or New York State
- Alternate approval renewal fee, \$300.00 (Non-refundable check made payable to the Vermont Department of Health)

Send to:

Mailing address:

Hannah McKee  
Vermont Department of Health  
State Laboratory  
P.O. Box 1125  
Burlington, VT 05402-1125  
  
(802)338-4729 FAX (802)338-4756

Physical/shipping address:

Hannah McKee  
Vermont Department of Health  
State Laboratory  
359 South Park Drive  
Colchester, VT 05446

## Renewal Checklist

1. Is your laboratory certified for urine drug testing by the Department of Health and Human Services (Substance Abuse and Mental Health Services Administration [SAMHSA]), the College of American Pathologists (CAP), or New York State?

Yes \_\_\_\_\_ No \_\_\_\_\_

Specify \_\_\_\_\_  
\_\_\_\_\_

2. Does the responsible person have qualifications consistent with SAMHSA guidelines?

Yes \_\_\_\_\_ No \_\_\_\_\_

The Toxicology Supervisor has a B.S. degree in chemistry or toxicology and two (2) years of analytical drug screening experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Quality Assurance

Do you have a quality assurance program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are control urines run with each sample?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you participate in the SAMHSA, CAP, or New York State proficiency program, or equivalent? (Please list other \_\_\_\_\_)

Have you scored over 90% on the last two proficiencies, with no false positives?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Documentation

Will you supply the Vermont Department of Health with all documents required in the approval guidelines, if requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Reports

Will you agree to provide results only to a medical review officer employed by, or contracted with, the employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Judicial Proceedings

Do you make available qualified personnel to give testimony and expert testimony in civil actions regarding your test results?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Methodology

Your initial screening procedure utilizes which of the following methods?

HPLC _____	RIA _____	ELISA _____
EMIT _____	FPIA _____	
GC _____	TLC _____	
HI _____	Other _____	Please Specify _____

Does your confirmation test use quantitative Gas Chromatography-Mass Spectroscopy or a scientifically equivalent technique, such as Liquid Chromatography/Mass Spectroscopy?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Long Term Storage

Do you save confirmation positive samples in a freezer for ninety (90) days?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Chain of Custody

Do you keep a written chain of custody for your drug samples?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Security

Do you limit access to drug analysis and report areas?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a secure computer records program with limited personnel access?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Confidentiality

Do you agree to keep all reports confidential under the approval guidelines and report to any employer only drugs which are on the Vermont Department of Health list?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Do you agree not to subcontract any Vermont Drug work to another laboratory?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Approval

Do you understand the application fee is non-refundable and you must pay for any travel expenses involved in a future site visit if necessary?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered “No” to any of the checklist questions, you may not be eligible for approval. Do not send in the approval fee. If you answered “No” and wish to qualify your answer, please send an explanation with the application. Your explanation will be addressed in writing.

I hereby certify that this application checklist and any enclosed records contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses misrepresentation or falsification, my laboratory will be ineligible to perform employee urine drug testing in the State of Vermont.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Scientific Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Notary Public